



*Name: _____ *Cell: _____ *Fax: _____

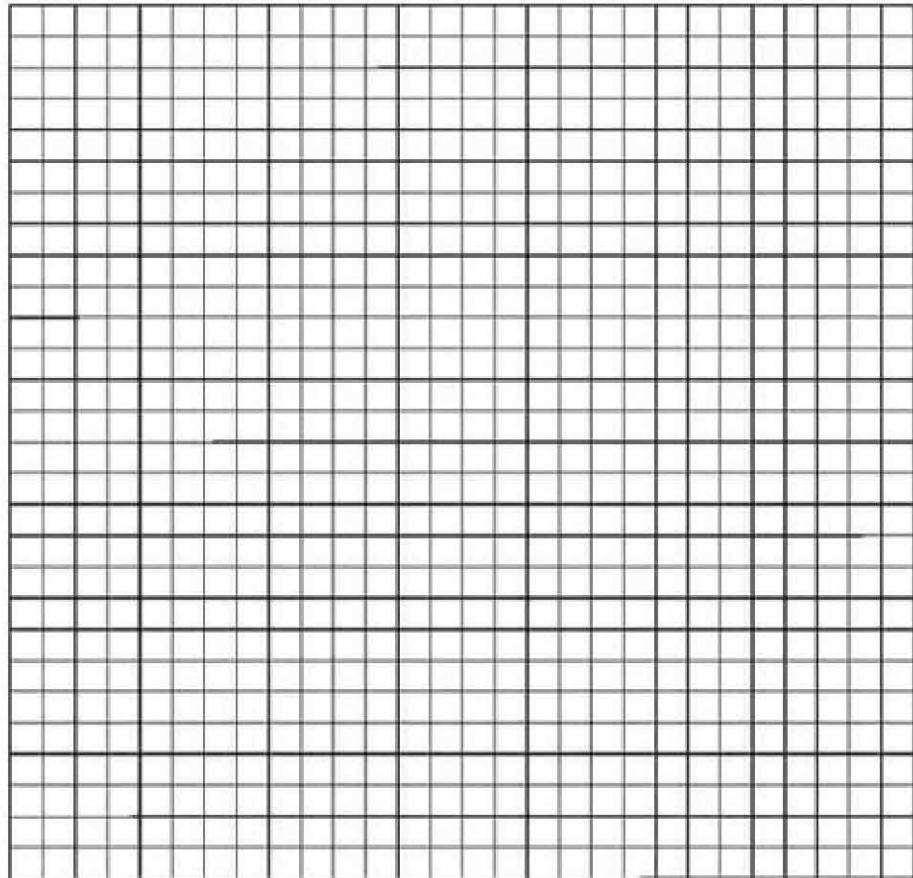
*Email: _____

*Address: _____ City: _____ State: _____ Zip: _____

Please draw a TOP-DOWN or Plan View of your closet below. Please include wall lengths and ceiling height. Specify door swing (in/out-left/right hinged). Please refer to shapes on the other page of the website for ideas.

1 closet per page

Color: _____
Ceiling Height: _____
Base Board Height: _____
Handles: _____
Knobs: _____
Slab Fronts: _____
Raised Panel: _____



Grand total linear inches: Shirt: _____ Pants: _____ Double Hang: _____ Long Hang: _____

Drawers: 4" High _____ 6" High _____ 8" High _____ 10" High _____

of Baskets: 8" High: _____ 12" High: _____ # Shoes pair (Hers) : _____ # Shoes pair (His): _____

Accessories: Belt : _____ Tie: _____ Valet: _____ Hooks: _____

Special Instructions: _____

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